

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Wednesday, June 12, 2013 at the hour of 8:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Michael called the meeting to order.

Present: Chairman Edward L. Michael and Director Luis Muñoz, MD, MPH (2)

Absent: Director Carmen Velasquez (1)

Additional attendees and/or presenters were:

Krishna Das, MD – System Director of Quality,
Patient Safety, Regulatory and Accreditation
Claudia Fegan, MD – Executive Medical
Director/Medical Director Stroger Hospital
Deborah Fortier – Office of the System General
Counsel

Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief of Clinical
Integration
Ozuru Ukoha, MD – John H. Stroger, Jr. Hospital of
Cook County

II. Public Speakers

Chairman Michael asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Report from System Director of Quality, Patient Safety, Regulatory and Accreditation

A. Committee Education – Approach to Adverse Events: CCHHS 2013 (Attachment #1)

Dr. Krishna Das, System Director of Quality, Patient Safety, Regulatory and Accreditation, provided a presentation regarding Approach to Adverse Events: CCHHS 2013. The Committee reviewed and discussed the information.

Chairman Michael stated that, overall, the good news is that at the System, Sentinel Events or the very serious kinds of adverse events are rare - but it raises the question, for those very serious and rare events, because they occur so infrequently, does the System really have the ability to do checks of effectiveness to know that the implementation of a corrective or preventive action really worked? Dr. Das responded that it is really important to look at the corrective action and understand that there is not one action implemented per event; rather, it is a whole series of actions that are implemented. Usually a variety of checks and balances are implemented, and a variety of processes are changed. With regard to whether or how these are being monitored, she stated that staff tries to do so; she noted that it is very labor intensive to do this. The System has reported a couple of events to The Joint Commission; when this occurs, they require the System to monitor the corrective action. In these cases, for each corrective action that has been outlined, data is collected and tracked; if the data does not meet a certain standard, the administration goes back to the departments involved and either a re-education or training is performed, and feedback from the department staff is received about whether the process modification is working – if it is not working, sometimes the process has to be revised.

III. Report from System Director of Quality, Patient Safety, Regulatory and Accreditation (continued)

Dr. John Jay Shannon, Chief of Clinical Integration, stated that the studies that have looked at these kinds of errors in health systems systematically use very labor-intensive and rigorous review; this is not the kind of information one can get from either simple reporting systems or from claims databases. When studies have been done trying to quantify the frequency of these errors, they have also done analyses to see whether the health system was aware of those errors. On average, in this country the health system's awareness of those serious adverse events is quite low - the number is usually around 7%.

Chairman Michael inquired regarding plans to help the System have a much better handle on really knowing and being aware of all of the significant adverse events that are occurring in the System. Dr. Das responded that there are several initiatives that have been considered and planned, which require staffing. She provided examples of areas of interest for potential initiatives, and indicated that she has discussed the subject with Dr. Bala Hota, System Chief Information Officer; she added that trigger tools are useful, but as Dr. Shannon alluded to, it is very personnel-intensive to look through them.

Dr. Shannon stated that the System is in a good position as an organization to be able to make progress on this, because of investments that have been already made in the electronic record; while the whole country is moving to an electronic records system, the System is lucky in that it has the ability to probe these things in a much better fashion than others. Secondly, Dr. Das is constructing a team of individuals that will be the Safety Committee for the organization; this will include naming a patient safety officer - staff is currently in the process of creating a job description and recruiting for that position. Thirdly, while the System is trying to strive to receive more accurate reflections of the frequency of these events within the organization, one of the ways that staff can understand how well the System does its adverse event reporting is to measure what the culture of the organization is regarding reporting – is this a system that hides errors or is this a system that is free to come forward to show those errors?

Chairman Michael inquired regarding any other enhancements to the systems that could be put in place to help prevent some of those errors by catching things automatically, such as decision support tools to assist the medical and nursing staff. Dr. Das stated that there are some very standard interventions that are recommended; many are currently in place. There is a little bit of discussion of how much should be implemented in a blanket way, because there is a suggestion that each individual site performs differently; there are process issues that are site-specific or institution-specific. Sometimes it makes sense in complex systems that a starting point is developed and then tweaked, based on the individual requirements; in those cases, pre-specification cannot be determined too far in advance.

Dr. Shannon noted that this is a good opportunity to let the Committee know that today is National Time-Out Day; this memorializes an important safety step that happened in operating rooms, where the time-out became the standard communication tool at the beginning of a procedure. Literally every member of the team introduces themselves and goes through a checklist to make sure that they are all very aware of what they are doing before proceeding with a procedure on a patient; that simple act has substantially reduced the errors that happen around procedures and operating room areas.

IV. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, May 22, 2013

Note: this item was taken out of order.

Director Muñoz, seconded by Chairman Michael, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of May 22, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections IV, V and VI

V. Recommendations, Discussion/Information Items

A. Reports from the Medical Staff Executive Committees
i. Provident Hospital of Cook County
ii. John H. Stroger, Jr. Hospital of Cook County

The report from Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, was deferred to the Committee's meeting in July.

Dr. Ozuru Ukoha, President of the EMS of Stroger Hospital of Cook County, presented his report. He stated that the EMS met yesterday. There were no major reports presented from committees or departments; most of the matters discussed were housekeeping matters. He stated that the EMS held its usual standing committee meetings. With regard to credentialing, there is an issue that will be brought forward to the Joint Conference Committee later on today and again next month.

Dr. Ukoha stated that interpreter services are an indispensable part of the communication tools for a diverse organization like the System. He expressed his appreciation that the Office of Multicultural Affairs is doing everything they possibly can to maximize the utility of these services. He stated that he recently provided an update to EMS members about all of the interpreter options that are now available. One of the services that has been recently added is the over-the-phone interpreter services with a new vendor who provides interpreter services for many more languages. Additionally, video interpreter services have been recently made available. Therefore, the interpreter options available at this time are the services of those interpreters physically located in the building, over-the-phone interpreter services and video interpreter services.

In response to Chairman Michael's question regarding whether there is pretty good coverage for those services when they are needed, Dr. Ukoha stated that they will have to have to get further into it to see if it solves the simpler problems; for example, patients that are in the holding area who need an interpreter before being taken to the operating room may need some physical presence of an interpreter. There are strategic areas where an interpreter is needed to physically be present.

VI. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #2)

Note: this item was taken out of order, and the Committee did not recess the regular session and convene into closed session.

Director Muñoz, seconded by Chairman Michael, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

VII. Adjourn

Dr. Shannon stated that this is the last meeting of the Quality and Patient Safety Committee that Chairman Michael will chair; he is moving on to a new and different role where he will continue to work helping to address the needs of poor and uninsured and underinsured individuals in the County. Dr. Shannon thanked Chairman Michael for his service; he stated that Chairman Michael has brought great accountability to the quality and patient safety culture.

Chairman Michael stated that it has been a pleasure to be part of this organization for the last year. He noted that it is very important in his new role that he continues to work with the System and its senior staff and continue to focus on the improvements that are being made in the quality and patient satisfaction.

As the agenda was exhausted, Chairman Michael declared that the meeting was
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX
Edward L. Michael, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
June 12, 2013

ATTACHMENT #1

Approach to Adverse Events: CCHHS 2013

Krishna Das, MD

1

The modern patient safety movement begins...

370

THE NEW ENGLAND JOURNAL OF MEDICINE

Feb. 7, 1991

SPECIAL ARTICLES

INCIDENCE OF ADVERSE EVENTS AND NEGLIGENCE IN HOSPITALIZED PATIENTS

Results of the Harvard Medical Practice Study I

TROYEN A. BRENNAN, M.P.H., M.D., J.D., LUCIAN L. LEAPE, M.D., NAN M. LAIRD, PH.D.,
LIESI HEBERT, Sc.D., A. RUSSELL LOCALIO, J.D., M.S., M.P.H., ANN G. LAWTHERS, Sc.D.,
JOSEPH P. NEWHOUSE, PH.D., PAUL C. WEILER, LL.M., AND HOWARD H. HIATT, M.D.

Vol. 324 No. 6

ADVERSE EVENTS IN HOSPITALIZED PATIENTS — LEAPE ET AL.

377

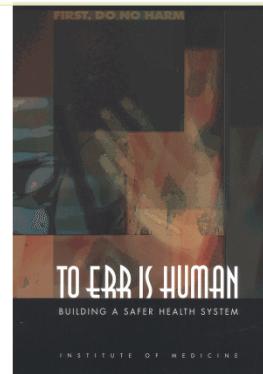
THE NATURE OF ADVERSE EVENTS IN HOSPITALIZED PATIENTS

Results of the Harvard Medical Practice Study II

LUCIAN L. LEAPE, M.D., TROYEN A. BRENNAN, M.D., J.D., M.P.H., NAN LAIRD, PH.D.,
ANN G. LAWTHERS, Sc.D., A. RUSSELL LOCALIO, J.D., M.P.H., BENJAMIN A. BARNES, M.D.,
LIESI HEBERT, Sc.D., JOSEPH P. NEWHOUSE, PH.D., PAUL C. WEILER, LL.M., AND HOWARD HIATT, M.D.

IOM Report 1999 Public Release, Public Impact

- Summarized available data
- 44,000-98,000 deaths due to medical care
- About ½ are preventable
- Defined the future state of patient safety



3

Current Regulatory Environment

- NQF Safe Practices – favors disclosure
- Joint Commission – favors reporting of sentinel events
- State of Illinois – law requiring reporting, not currently enforced
- Leapfrog Group – recommends reporting and disclosure
- CMS reports data publicly on Hospital Compare

4

Publicly Reported Data

JOHN H STROGER JR HOSPITAL	
Hospital-Acquired Conditions	
Measure	Rate
Objects accidentally left in the body after surgery	0.000 per 1,000 patient discharges
Air bubble in the bloodstream	0.000 per 1,000 patient discharges
Mismatched blood types	0.000 per 1,000 patient discharges
Severe pressure sores (bed sores)	0.211 per 1,000 patient discharges
Falls and injuries	0.423 per 1,000 patient discharges
Blood infection from a catheter in a large vein	1.269 per 1,000 patient discharges
Infection from a urinary catheter	0.211 per 1,000 patient discharges
Signs of uncontrolled blood sugar	0.423 per 1,000 patient discharges

[View the U.S. National Rate for these measures](#)

5

Overview and Definitions

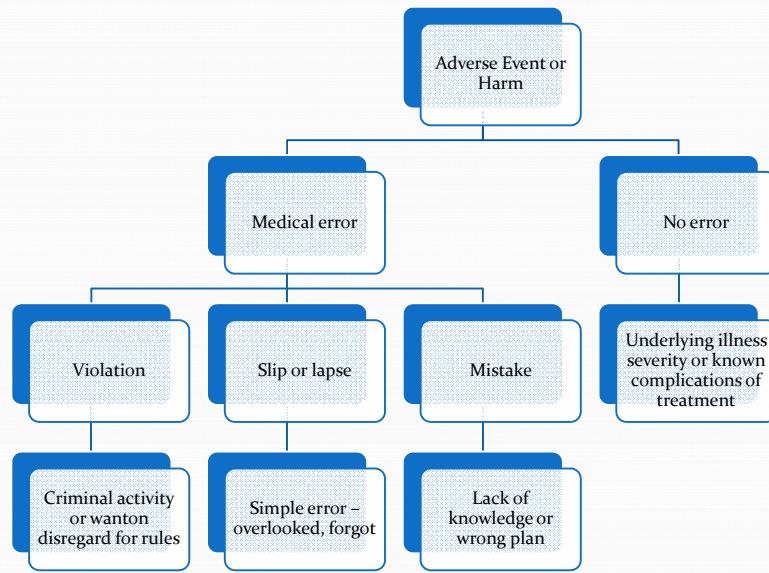
6

Adverse Events: A Definition

Injury, or harm, due to medical care unrelated to the underlying disease or condition of the patient

7

Adverse Events: All Causes



8

Cognitive Psychology of Errors

Behavior Type	Features	Type of Error	Practical Causes
Intentional	Intention to harm, or very poor judgment or disregard	Violations – harm intended or predictably caused by actions	Criminal activity, drugs or substance abuse
Habitual	Automated, repetitive, monotonous	Slips – lapses in automaticity, unconscious	Stress, fatigue, distraction, poor system design
Cognitive	Requires analysis, planning, oversight, mental effort	Mistakes – wrong rules applied, failure of heuristics	Inadequate knowledge or experience

9

How Errors Occur: The 'Person' Approach

Errors arise from defective human processing such as poor motivation, carelessness, recklessness

Countermeasures to prevent them: punish the offender

Careless people simply need reminders and re-education

Hypothesis: Error is a moral issue; in a 'just world' bad outcomes result from bad intent

Reason, J. 2000 BMJ

10

How Errors Occur: The 'Systems' View

Hypothesis: humans are fallible and errors are expected

Organizations contain 'error traps'

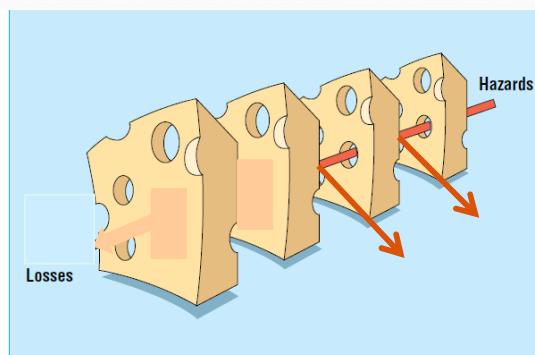
Countermeasures: you cannot change the human condition thus you must change the conditions under which humans work

Use system defenses, build in checks and redundancies

Reason, J. 2000 BMJ

11

Errors: Role of Serial Defenses



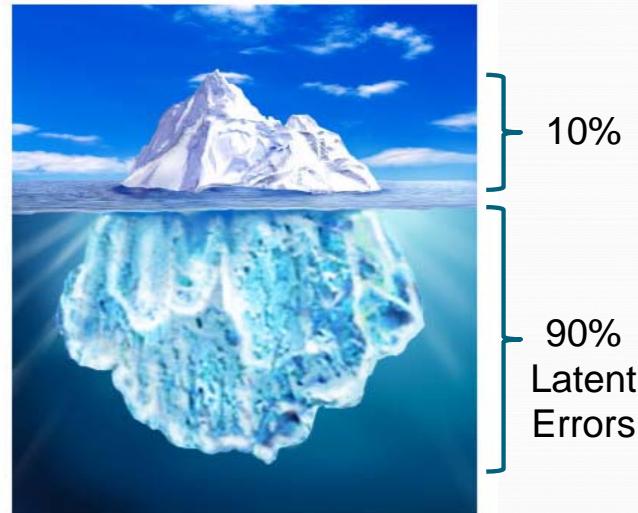
The Swiss cheese model of how defences, barriers, and safeguards may be penetrated by an accident trajectory

Reason, J. 2000 BMJ

12

Concept of Latent Errors

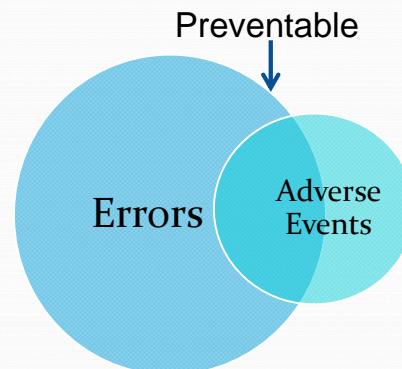
The 'tip
of the
iceberg'



13

Errors versus Adverse Events

- Adverse event – occurs when serial defenses fail
- One in ten errors result in adverse events
- About one-half of all adverse events are preventable



14

Common Types of Medical Errors

- Adverse drug reactions:
 - Wrong drug
 - Wrong dose
 - Allergic to drug
- Procedural complications:
 - Anesthetic complications
 - Technical complications
- Hospital acquired infections:
 - Line sepsis, CAUTI, VAP, surgical infection
- Other acquired conditions:
 - Falls with injury, pressure ulcers
- Diagnostic errors

15

What are Sentinel Events?

A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. [They] signal the need for immediate investigation and response...

The Joint Commission

16

Sentinel Events

- Suicide of a patient
- Death of a full term infant
- Abduction of any patient
- Rape
- Discharge of an infant to the wrong family
- Hemolytic transfusion reaction
- Surgery on the wrong patient or wrong site
- Retained foreign object in surgery
- Neonatal hyperbilirubinemia > 30
- Prolonged fluoroscopy
- And any unanticipated death or major loss of function not related to the patient's underlying illness

17

Hospital Acquired Conditions (subset of Never Events-NQF)

- Air embolism
- Blood incompatibility
- Catheter associated UTI
- DVT or PE associated with hip or knee surgery
- Epidermis – pressure ulcers st III, IV
- Forgotten object – left in surgery
- Glycemic control poor – DKA or HONK
- Harm in hospital – fall, burn, shock
- Indwelling line infection
- Infection after surgery – CABG, ortho, bariatric

18

Identification & Reporting

19

Identification of Adverse Events

- Reporting – phone call or directly contact by the clinician or observer
- Electronic reporting systems (MERS)
- Audit or case review:
 - Internal – case conference, morning report
 - External – quality reviews by payers
- Litigation/ malpractice claims
- Surveillance:
 - Review of all deaths, arrests, ICU transfers, reoperations
 - ‘Trigger tools’ – algorithms which identify adverse events with a high degree of accuracy

20

REPORTER - Login

Reporter's Login Page

- You can enter events in MERS as an **EMPLOYEE** (authenticated/logged in) or **VISITOR** (anonymously)

Icon on all computer screens

Easy to enter information

- You can return within 12 hours to complete an event.

Confidential

21

MERS Patient Safety Event Reporting

NEW web-based program collects, reports, and analyzes patient event & near miss data

1-CAPTURE
Easy web-based program to record an EVENT in 3-4 minutes

2-REVIEW
Automatically routes EVENT to the appropriate manager(s)

16 EVENT Categories

- Falls
- Medication
- Radiology
- Blood
- Behavior
- Laboratory
- Infection
- Accident
- Skin
- Anesthesia

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting Minutes
June 12, 2013

ATTACHMENT #2

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Attar, Samer, MD Appointment Effective:	Surgery/Orthopaedic Surgery June 12, 2013 thru June 11, 2015	Consulting Physician
Ghode, Reena, MD Appointment Effective:	Medicine/Neurology June 12, 2013 thru June 11, 2015	Active Physician
Gupta, Shweta, MD Appointment Effective:	Medicine/Hema-Oncology June 12, 2013 thru June 11, 2015	Active Physician
Kimball, Deborah, MD Appointment Effective:	Emergency Medicine June 12, 2013 thru June 11, 2015	Active Physician
Lamattima, Kara, MD Appointment Effective:	Surgery/Ophthalmology June 12, 2013 thru June 11, 2015	Service Physician
Lim, Christopher, MD Appointment Effective:	Emergency Medicine/Toxicology June 12, 2013 thru June 11, 2015	Service Physician
Phelps, Paul MD Appointment Effective:	Surgery/Ophthalmology June 12, 2013 thru June 11, 2015	Service Physician

Initial Non-Physician Appointment Applications

Jameyfield, Mary G., CNP With Sattar, Payman, MD With Hart, Peter, MD Effective:	Medicine/Adult Cardiology Medicine/Neph/HTN June 12, 2013 thru June 11, 2015	Nurse Practitioner
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REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Davis-Fourte, Felicia, MD Reappointment Effective:	Pediatric Anesthesia June 30, 2013 thru June 29, 2015	Active Physician
Tyler, Serge, MD Reappointment Effective:	Orthopaedic/GU July 9, 2013 thru July 8, 2015	Active Physician
Voronov, Gennadiy, MD Reappointment Effective:	Pediatric Anesthesiology June 30, 2013 thru June 29, 2015	Active Physician

Department of Correctional Health Services

Gunaratnam, Martina, MD Reappointment Effective:	Psychiatry July 19, 2013 thru July 18, 2015	Service Physician
Mekhael, Fayed, MD Reappointment Effective: Item VI(A) – June 12, 2013	Family Medicine July 28, 2013 thru July 27, 2015	Active Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Correctional Health Services (continued)

Mennella, Cencetta, MD Reappointment Effective:	Internal Medicine June 17, 2013 thru June 16, 2015	Active Physician
Richardson, Lendell, MD Reappointment Effective:	Internal Medicine June 30, 2013 thru June 29, 2015	Voluntary Physician
Richard, Stamatia, MD Reappointment Effective:	Family Medicine June 30, 2013 thru June 29, 2015	Active Physician

Department of Emergency Medicine

Bailitz, John, MD Reappointment Effective:	Emergency Medicine July 9, 2013 thru June 8, 2015	Active Physician
Couture, Eileen, DO Reappointment Effective:	Emergency Medicine July 11, 2013 thru July 10, 2015	Voluntary Physician
Kysia, Rashid Fuad, MD Reappointment Effective:	Emergency Medicine July 11, 2013 thru July 10, 2015	Active Physician
Lank, Patrick, MD Reappointment Effective:	Adult Emergency Medicine June 21, 2013 thru June 20, 2015	Voluntary Physician
Mankowski, Joan, MD Reappointment Effective:	Emergency Medicine July 28, 2013 thru July 27, 2015	Voluntary Physician

Department of Family Medicine

Crawford, Tais V., MD Reappointment Effective:	Family Medicine/ACHN June 12, 2013 thru June 11, 2015	Active Physician
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Department of Medicine

Ahmed, Azazuddin A., MD Reappointment Effective:	Medicine/ACHN June 21, 2013 thru June 20, 2015	Active Physician
Davidovich, Michael J., MD Reappointment Effective:	General Medicine July 1, 2013 thru June 30, 2015	Active Physician
Ezeokoli, Chukwudzie, MD Reappointment Effective:	Medicine/ACHN July 28, 2013 thru July 27, 2015	Active Physician
Kraus, Mark A., MD Reappointment Effective:	Nephrology/Hypertension July 11, 2013 thru July 10, 2015	Active Physician
Lee, Kuenok, MD Reappointment Effective:	General Medicine July 11, 2013 thru July 10, 2015	Active Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Medicine (continued)

Lubelchek, Ronald J., MD Reappointment Effective:	Infectious Disease September 7, 2013 thru September 6, 2015	Active Physician
Muzaffar, Shirin, MD Reappointment Effective:	Pulmonary/Critical Care August 26, 2013 thru August 25, 2015	Active Physician
Nagubadi, Swamy N., MD Reappointment Effective:	Pulmonary/Critical Care August 26, 2013 thru August 25, 2015	Active Physician

Department of Obstetrics and Gynecology

Malapati, Radha, MD Reappointment Effective:	Obstetrics and Gynecology July 28, 2013 thru July 27, 2015	Active Physician
Milad, Magdy, MD Reappointment Effective:	Obstetrics and Gynecology July 28, 2013 thru July 27, 2015	Voluntary Physician

Department of Pathology

Alagiozian-Angelova, Victoria, MD Reappointment Effective:	Anatomic Pathology July 30, 2013 thru July 29, 2015	Active Physician
Senseng, Carmencita, MD Reappointment Effective:	Pathology July 28, 2013 thru July 27, 2015	Active Physician

Department of Pediatrics

Cortez, Edmundo, MD Reappointment Effective:	Peds Critical Care June 12, 2013 thru June 11, 2015	Voluntary Physician
Gafoor, Sabiha, MD Reappointment Effective:	Peds Emergency July 1, 2013 thru June 30, 2015	Active Physician
Jacobs, Norman M., MD Reappointment Effective:	Pediatric Medicine June 30, 2013 thru June 29, 2015	Active Physician
Mariyappa, Parabjavathi, MD Reappointment Effective:	Peds Emergency June 30, 2013 thru June 29, 2015	Voluntary Physician
Rastogi, Alok, MD Reappointment Effective:	Peds Critical Care July 9, 2013 thru July 8, 2015	Active Physician
Severin, Paul N., MD Reappointment Effective:	Peds Critical Care July 9, 2013 thru July 8, 2015	Active Physician
Soyemi, Kenneth L., MD Reappointment Effective:	Peds Emergency June 21, 2013 thru June 20, 2015	Active Physician
Yu, Byung-Ho, MD Reappointment Effective: Item VI(A) – June 12, 2013	Peds/Allergy/Immunology June 30, 2013 thru June 29, 2015	Active Physician

John H. Stroger, Jr. Hospital of Cook County Reappointment Applications (continued)

Department of Radiology

Dunne, Patrick, MD Reappointment Effective:	Special Procedures June 18, 2013 thru June 17, 2015	Active Physician
Larson, John, DO Reappointment Effective:	General Radiology July 9, 2013 thru July 8, 2015	Active Physician
Seshagirirao, Donthamsetti, MD Reappointment Effective:	Radiation Oncology June 30, 2013 thru June 29, 2015	Voluntary Physician

Department of Surgery

Harrison, Jacqueline, MD Reappointment Effective:	General Surgery July 10, 2013 thru July 9, 2013	Active Physician
Houston, John T.B., MD Reappointment Effective:	Urology June 21, 2013 thru June 20, 2015	Active Physician
Komar, Thomas, MD Reappointment Effective:	General Surgery July 9, 2013 thru July 8, 2015	Active Physician

Renewal of Privileges for Non-Medical Staff

Allen, Sharon L., CNP With Kowalski, John A., MD Effective:	Medicine / Infectious Disease July 19, 2013 thru July 18, 2015	Nurse Practitioner
Ellis, Pamela J., CRNA Effective:	Anesthesiology June 12, 2013 thru June 11, 2015	Nurse Anesthetist
Fowler, Edward W., PA-C With Mennella, Concetta C., MD Alternate Yu, Yan K., DO Effective:	Correctional Health Services June 21, 2013 thru June 20, 2015	Physician Assistant
Latif, Rohiya H., PA-C With Fish, Karen Elizabeth, MD Alternate Patel, Ashlesha, MD Effective:	OB/GYN / Gynecology July 19, 2013 thru July 18, 2015	Physician Assistant
Rescober, Teresita M., CNS With Nguyen, Tuan M., MD Effective:	OB/GYN / Gynecology June 12, 2013 thru June 11, 2015	Clinical Nurse Specialist
Sanchez, Luis M., PA-C With Richardson, Stamatia Z., MD Alternate Marasigan, Ligaya V., MD With Bradley, Juliet L., MD Alternate Barnes, Laverne M., DO Effective:	Correctional Health Services ACHN / Family Practice June 19, 2013 thru June 18, 2015	Physician Assistant

John H. Stroger, Jr. Hospital of Cook County
Renewal of Privileges for Non-Medical Staff (continued)

Sarazine, Julia T., CNP With Deamant, Catherine D., MD Effective:	Medicine / General Medicine July 19, 2013 thru July 18, 2015	Nurse Practitioner
Sedeno, Angela, PhD Reappointment Effective:	Psychiatry/Juvenile Center July 19, 2013 thru July 18, 2015	Clinical Psychologist
Shephard, Rebekah S., CNP With Vergara-Rodriguez, Pamela T., MD Effective:	Medicine / Core Center June 21, 2013 thru June 20, 2015	Nurse Practitioner
Songkum, Jantanee, CNP With Kamat, Medha V., MD Effective:	Pediatrics / Neonatology July 19, 2013 thru July 18, 2015	Nurse Practitioner
Szpur, Mary V., PA-C With Herrera, Patricia, MD Alternate Schwartz, David N., MD Effective:	Medicine / Infectious Disease June 21, 2013 thru June 20, 2015	Physician Assistant
Uzomba, Adaku N., CNS With Kelly, Michael A., MD Effective:	Medicine / Neurology July 19, 2013 thru July 18, 2015	Clinical Nurse Specialist
Zien, Joel W., PA-C With Gandhi, Yogesh, MD Alternate Sierens, Diane K., MD Effective:	Surgery / Neurosurgery June 21, 2013 thru June 20, 2015	Physician Assistant

Non-Medical Staff Change in Privileges

Tiffany Delane, PA-C With Ledvora, Ronald F., MD Alternate Mekhail, Fayez M., MD Effective:	Correctional Health Svcs June 12, 2013 thru March 13, 2015	Physician Assistant
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Medical Staff Status Change with no Change in Privileges

Kim, Ronald Eric, MD Patel, Sanjay, MD Pierko, Krzysztof, MD Siddiqi, Alvia, MD	From: Active Physician From: Voluntary Physician From: Voluntary Physician From: Active Physician	To: Consulting Physician To: Active Physician To: Active Physician To: Voluntary Physician
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Medical Staff Additional Clinical Privileges

Dawalibi, Salim, MD Napoles, Phyllis, MD Rivas, Oscar, MD	Family Medicine Trauma Medicine	Privileges: Correctional Health Privileges: Surgical Critical Care Privileges: Gastroenterology and Category from Voluntary to Active
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Provident Hospital of Cook County



Medical Staff Appointments/Reappointments and Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPLICATIONS

Crane, Jason E., MD
Appointment Effective:

Clinical Lab/Pathology
June 12, 2013 thru May 22, 2015

Affiliate Physician

REAPPOINTMENT APPLICATIONS

Department of Clinical Labs/Pathology

Shi, Feinan, MD
Reappointment Effective:

Pathology
July 19, 2013 thru July 18, 2015

Active Physician

Department of Internal Medicine

Clarke, Clifton B., MD
Reappointment Effective:

Pulmonary Medicine
August 1, 2013 thru July 31, 2015

Active Physician

Ezeokoli, Chukwudozie, MD
Reappointment Effective:

Internal Medicine
July 28, 2013 thru July 27, 2015

Affiliate Physician

Muzaffar, Shirin, MD
Reappointment Effective:

Pulmonary Medicine
August 26, 2013 thru August 25, 2015

Affiliate Physician

Weinstein, Robert A., MD
Reappointment Effective:

Infectious Disease
August 26, 2013 thru August 25, 2015

Affiliate Physician

Department of Surgery

Sauper, Alexander, MD
Reappointment Effective:

General Surgery
July 20, 2013 thru July 19, 2015

Affiliate Physician

Harrison, Jacqueline, MD
Reappointment Effective:

General Surgery
July 10, 2013 thru July 09, 2015

Active Physician

